THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network <u>Health.Alert@nh.gov</u> July 22, 2020 Time 1300 (1:00 PM EDT) NH-HAN 20200722



Coronavirus Disease 2019 (COVID-19) Outbreak, Update # 19

Key Points and Recommendations:

- New Hampshire's COVID-19 <u>General Travel and Quarantine Guidance</u> has been updated, including employer screening and exclusion criteria.
- The U.S. Centers for Disease Control and Prevention (CDC) has updated their guidance for <u>discontinuation of isolation for persons with COVID-19 not in healthcare settings</u>.
- The CDC has updated their guidance for <u>discontinuation of transmission-based</u> <u>precautions in healthcare settings</u>.
- For patients with <u>mild to moderate illness</u>, home isolation or transmission-based precautions for hospitalized patients can be discontinued when the person has met all criteria of the "symptom-based strategy":
 - 1. At least 10 days have passed since symptoms first started, AND
 - 2. At least 24 hours have passed since last fever (off any fever-reducing medications), AND
 - 3. Symptoms have improved
 - <u>Asymptomatic</u> patients who test positive can discontinue home isolation 10 days after their initial positive diagnostic test (assuming person remains asymptomatic)
- For patients with <u>severe to critical illness</u>, or who are <u>severely immunocompromised</u>, transmission-based precautions can be discontinued when the patient has met all the following criteria:
 - 1. At least 20 days have passed since symptoms first started, AND
 - 2. At least 24 hours have passed since last fever (off any fever-reducing medications), **AND**
 - 3. Symptoms have improved
 - <u>Asymptomatic</u> severely immunocompromised patients who test positive can have transmission-based precautions discontinued 20 days after their initial positive diagnostic test (assuming person remains asymptomatic)
- The summary of the <u>current evidence and rationale</u> for CDC's changes to their isolation and transmission-based precautions recommendations has been updated.
 - Recovered patients can continue to shed PCR-detectable SARS-CoV-2 RNA in upper respiratory tract specimens up to 3 months after initial infection without evidence of the person being infectious (i.e., likely dead virus being detected).
 - For patients with mild to moderate COVID-19, replication-competent virus (i.e., infectious virus) has not been recovered after 10 days following symptom onset.

- For some patients with severe to critical illness (including immunocompromised patients), replication-competent virus has been recovered between 10-20 days after illness onset.
- The duration of a person's immunity after infection and ability for re-infection is still being studied; however, <u>CDC has not identified any cases of confirmed SARS-CoV-2 reinfection</u> to date. Other related beta-coronavirus infections, however, do not produce long-lasting immunity and people appear to become susceptible as early as 90 days after onset of infection. Therefore:
 - For persons who remain asymptomatic following recovery from COVID-19, retesting is not recommended within the first 3 months after the date of symptom onset for most recent COVID-19 illness.
 - For persons who develop new symptoms within the first 3 months after the date of symptom onset for the most recent COVID-19 illness, providers should take appropriate COVID-19 transmission-based precautions, consider re-testing for COVID-19, and work-up patient for alternative etiologies. If alternative etiologies for illness cannot be identified, repeat isolation and contact tracing may be needed if patient tests positive for COVID-19.
 - Persons who develop new symptoms more than 3 months after the date of symptom onset for the most recent COVID-19 illness should be re-tested, and those who test positive should be considered infectious and undergo repeat isolation.
 - See CDC Infection Control FAQs for more information.
- As previously recommended, providers should continue to test any patient presenting with even mild <u>symptoms of COVID-19</u> using a PCR-based test; these patients should be instructed to isolate pending test results. We also recommend PCR testing for close contacts of people with suspected or confirmed COVID-19 in order to detect asymptomatic or pre-symptomatic infection.
 - Close contacts of people with COVID-19 still need to quarantine for 14 days after their last exposure, regardless of whether or not a person is tested.
 - Patients can access COVID-19 testing through a variety of <u>specimen collection</u> <u>sites</u> in NH.
- Providers should be aware that currently available point-of-care COVID-19 testing platforms – both PCR-based tests (e.g., Abbott ID NOW) and antigen-based tests (e.g., Quidel, BD Veritor) – have lower test sensitivity:
 - Point-of-care tests are most helpful if positive. Negative test results should be considered "presumptive negative" and should be confirmed with another labbased PCR test with higher sensitivity.
 - See the Association of Public Health Laboratories (APHL) <u>Considerations for</u> <u>Implementation of SARS-CoV-2 Rapid Antigen Testing</u>.
- See prior NH <u>HAN</u>, <u>Update #18</u> for current personal protective equipment (PPE) recommendations, which have not changed.

Communication and Partner Engagement:

- In partnership with the New Hampshire Health Care Association, we continue to have weekly calls every Wednesday from 12:00 – 1:00 pm for long-term care facilities (LTCFs) and other congregate living settings:
 - o Zoom link: <u>https://zoom.us/j/511075725</u>
 - o Call-in phone number: (929) 205-6099
 - Meeting ID: 511 075 725
- We continue to host weekly calls every Thursday from 12:00 1:00 pm for healthcare providers and local partners:
 - o Zoom link: <u>https://zoom.us/s/94841259025</u>
 - o Call-in phone number: (646) 558-8656
 - o Meeting ID: 948 4125 9025
 - Password: 003270
- We will begin hosting a new regularly scheduled call for school nurses (grades K-12) to address concerns and answering questions related to school re-opening. Calls will be every Friday from 12:00 1:00 pm (first call will be Friday 7/24):
 - o Zoom link: https://nh-dhhs.zoom.us/i/98062195081
 - o Call-in phone number: (646) 558-8656
 - o Meeting ID: 980 6219 5081
 - o Passcode: 197445

Reporting:

- Providers and laboratories should continue to submit a completed <u>COVID-19 Case</u> <u>Report Form</u> to NH DPHS for the following people:
 - Any new COVID-19 laboratory positive test regardless of test type (e.g. PCR, antibody, etc.).
 - Any new laboratory-confirmed COVID-19 hospitalization, even if the patient was a previously reported positive as an outpatient.
 - Any suspected or confirmed COVID-19 death.

Current Global and U.S. COVID-19 Epidemiology:

https://coronavirus.jhu.edu/map.html

Current New Hampshire Epidemiology:

<u>https://www.nh.gov/covid19/dashboard/summary.htm</u> (Note: data dashboard will be updated in the next week to display additional information relevant to tracking the epidemic in NH)

Additional Resources:

- NH DHHS COVID-19 website: <u>https://www.nh.gov/covid19/</u>
- CDC COVID-19 website: <u>https://www.cdc.gov/coronavirus/2019-ncov/index.html</u>
 - CDC Information for Healthcare Professionals: <u>https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html</u>
- World Health Organization COVID-19 website: <u>https://www.who.int/emergencies/diseases/novel-coronavirus-2019</u>

- For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. 4:30 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
- To change your contact information in the NH Health Alert Network, please send an email to DHHS.Health.Alert@dhhs.nh.gov.

Status: Message Type: Severity: Sensitivity: Message Identifier: Delivery Time: Acknowledgement: Distribution Method:	Actual Alert Moderate Not Sensitive NH-HAN 20200722 COVID-19 Update #19 12 hours No Email, Fax
Distributed to:	Physicians, Physician Assistants, Practice Managers, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospitals, Hospital CEOs, Hospital Emergency Departments, EMS,
	Nurses, NHHA, Pharmacists, Laboratory Response Network, Manchester Health Department, Nashua Health Department, Public Health Networks, DHHS Outbreak Team, DPHS Investigation Team, DPHS Management
	Team, Northeast State Epidemiologists, Zoonotic Alert Team, Health Officers, Deputy Health Officers, MRC, NH Schools, EWIDS, Dialysis & Transplant Clinics, STD Clinics, Immunization Practices, Travel Centers, Influenza Sentinels, Urgent Care Centers, Ambulatory Surgical Centers,
	Walk-in Clinics, Poison Center, Alcohol and Other Drug Treatment Centers, Long-Term Care Facilities, Community Mental Health Centers, Health Departments, Internal Medicine, Occupational Health,
	Gastroenterology, Schools and Daycare Providers, Regional Public Health Networks, Environmental Services, Family Planning Programs, Department of Corrections, Home Care Providers, Local and State
From: Originating	Partners, Area Agencies Benjamin P. Chan, MD, MPH, State Epidemiologist NH Department of Health and Human Services, Division of Public Health
Agency:	Services

Attachments: None